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|---|---|--------------|------------------------------|------------|---|------------------|--------------------|-------------------------|------------------------------|--------------------|------------------------|
| CLAIMS AS FILED - PART ((Column 1) (Column 2) | | | | | | | SMALL ENTITY | | ÓR. | OR OTHER THAN | |
| FOR | | | NUME | ER FILED | NUME | NUMBER EXTRA | | FEE | | RATE | 1 |
| ASIC FEE 37 CFR 1.16(a)) OTAL CLAMS 17 CFR 1.16(c)) | | | - | · | | | X 1= | <u> </u> | OR OR | X 1= | S |
| | | | | minus 2 | 0 = | · | | | | | |
| | CFR 1.16(6)) | IMS | · | , minus : | 3 = | | X \$= | | OR | X \$_ = | |
| JL | TIPLE DEPENDO | ENT CLAR | M PRESE | нт (| 37 CFR 1.16(d)) | | + s = | | OR . | +5 = | |
| Ĺ | ne difference in | column 1 | is less th | an zero, e | nter "0" in column | 2 | TOTAL | | OR | JAIOI | |
| / | -22-86 |) (Colu | mn 1) | ENDED | - PART II (Column 2) HIGHEST | (Column 3) | SMALL I | ENTITY | OR I | | R THAN ENTITY |
| AMENOMBRA | | AF | AINING TER DMENT | | NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- FIONAL FEE | | RATE | ADDI TIONA FEE |
| | Total (37 CFR 1.44(c)) | | 6 | Minus | 29 | - | λ 5 = | | OR | X S = | - |
| | Independent (37 CFR 1,16(b)) | | 3 | Minus | 5 | | X S= | | OR | x s = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 16(a)) | | | | | | +5 = | | OR | +5 = | 7 |
| | | | | | | | TOTAL ADD'L FEE | | OR ! | TOTAL ADD'L FEE | |
| 7 | · · · | (Colu | tin 1) UMS | · · · | (Column 2) | (Column 3) | · | | | | |
| | | REMA 'AFT | UMS UNING TER DMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATĘ | ADOI- TIONAL" FEE | | RATE . | AOOI- TIONAI FEE |
| באושואושואול אושואול | Total (a) CFR (,(s(c)) | | | Minus | | = | X 3= | | · OR · | X \$ = | |
| | Independent (37 OFR 1,16(b)) | | | Minus | *** | = | X 5 = | | OP. | × s = | |
| | PRIST PRESENTATION, OF GOLDING DEPENDENT COMA (3) OFF France. | | | | | | · s = | | 00 | 1 | |
| | | | | | | | 101AL ADO'L FEE | | 06 | TOTAL - | |
| 7 | | (Colur | | · . | (Column 2) | (Cotumn 3) | | <u> </u> | | | |
| | | | INING FER | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RAIE | ADDI: TADNAL FEE | | RATE . | ADDI- TIONAI FEE |
| | Total (3) CER 1,16(c)) | - | | Minus | •• | = | x 1 = | | OR . | × 5 | * CC |
| | Independent (3) CFR + 16(6)) | - | | Minus | ••• | = | x: s = | | OR OR | X 1 = 1 | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFF + 15(0)) | | | | | | 4: 5 = | | OR. | किंग इ.स.च्या | |
| | | | * | | | • | 10101 | | ~ _ { | TOTAL | |

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPITO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 involves to complete USPTO to process) an application. Confidentiality is governed by 35.0 S.C. 122 and \$1.000 to the collection is estimated to take 12 minutes to complete including gathering, preparing, and submitting the complete application form to the USPTO. Links will vary depending upon the individual case. Any comments on the annount of time you require to complete this form and/or suggestions for reducing this based in should be sent to the Cried tolomation Officer. U.S. Patent and Trademark Office. U.S. Department of Commerce, P.O. Box 1450. Alexandria, VA 73313-1450. GO NOT SEED FEES DR COMPLETED FORMS TO THIS ADDRESS. SEND TO. Commissioner for Patents, P.O. Box 1450. Alexandria, VA 73313-1450.